

CITY COUNCIL MEETING
MARCH 16, 1988

ABC LICENSE
APPLICATIONS

CC-7(f)

The Deputy City Clerk presented the following applications for Alcoholic Beverage Licenses which had been received:

- a) Ahmad A. Khalaf, Stop In Market, 420 East Kettleman Lane, Suite 6-6, Lodi, Off Sale Beer and Wine, New License
- b) Michael Lee Pickett, Robert L. Pierce, Archie's Giant Hamburgers, 506 West Lodi Avenue, Lodi, On Sale Beer and Wine Eating Place, Original License
- c) Debra D. and Edward D. Sequeira, ARCO AM/PM Mini Market, 501 West Kettleman Lane, Lodi, Off Sale Beer and Mine, Person to Person Transfer
- d) Donald W. Lamson, Jack Pct Mini Market, 401 South Cherokee Lane, Lodi, Off Sale Beer and Wine, Person to Person Transfer

COPY

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APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE(S)

To: Department of Alcoholic Beverage Control
1901 Broadway
Sacramento, Calif. 95818

Stockton

(DISTRICT SERVING LOCATION)

The undersigned hereby applies for
license described as follows:

2. NAME(S) OF APPLICANT(S)

KHALAF, Ahmad A.

1. TYPE(S) OF LICENSE(S)

~~On-Sale~~

Off Sale Beer & Wine

Applied under Sec. 24044

Effective Date: Issuance

FILE NO.

RECEIPT NO.

GEOGRAPHICAL
CODE 3902Date
Issued

Temp. Permit

Effective Date:

3. TYPE(S) OF TRANSACTION(S)

New License

Annual Fee

FEE

\$ 100.00

28.00

LIC.
TYPE

20

4. Name of Business

Stop In Market

5. Location of Business—Number and Street

350 E. Kettleman Lane, Ste. B-6
420

City and Zip Code

Fodi, CA 95240

County

San Joaquin

TOTAL

\$

128.00

6. If Premises Licensed,
Show Type of License

No

7. Are Premises Inside
City Limits?

Yes

(Temp) (Perm)

8. Mailing Address (if different from 5)—Number and Street

Same

Perm

9. Have you ever been convicted of a felony?

No

10. Have you ever violated any of the provisions of the Alcoholic
Beverage Control Act or regulations of the Department per-
taining to the Act?

No

11. Explain a "YES" answer to items 9 or 10 on an attachment which shall be deemed part of this application.

12. Applicant agrees (a) that any manager employed in on-sale licensed premises will have all the qualifications of a licensee, and
(b) that he will not violate or cause or permit to be violated any of the provisions of the Alcoholic Beverage Control Act.

13. STATE OF CALIFORNIA

County of San Joaquin

Date 2-29-88

Under penalty of perjury, each person whose signature appears below, certifies and says: (1) He is the applicant, or one of the applicants, or an executive officer of the applicant corporation, named in the foregoing application, duly authorized to make this application on its behalf; (2) that he has read the foregoing application and knows the contents thereof and that each and all of the statements therein made are true; (3) that no person other than the applicant or applicants has any direct or indirect interest in the applicant's or applicants' business to be conducted under the license(s) for which this application is made; (4) that the transfer application or proposed transfer is not made to satisfy the payment of a loan or to fulfill an agreement entered into more than ninety (90) days preceding the day on which the transfer application is filed with the Department or to gain or establish a preference to or for any creditor of transferor or to defraud or injure any creditor of transferor; (5) that the transfer application may be withdrawn by either the applicant or the licensee with no resulting liability to the Department.

14. APPLICANT

SIGN HERE

JAH

APPLICATION BY TRANSFEROR

15. STATE OF CALIFORNIA

County of _____ Date _____

Under penalty of perjury, each person whose signature appears below, certifies and says: (1) He is the licensee, or an executive officer of the corporate licensee, named in the foregoing transfer application, duly authorized to make this transfer application on its behalf; (2) that he hereby makes application to surrender all interest in the attached license(s) described below and to transfer same to the applicant and/or location indicated on the upper portion of this application form, if such transfer is approved by the Director; (3) that the transfer application or proposed transfer is not made to satisfy the payment of a loan or to fulfill an agreement entered into more than ninety days preceding the day on which the transfer application is filed with the Department or to gain or establish a preference to or for any creditor of transferor or to defraud or injure any creditor of transferor; (4) that the transfer application may be withdrawn by either the applicant or the licensee with no resulting liability to the Department.

16. Name(s) of Licensee(s)

17. Signature(s) of Licensee(s)

18. License Number(s)

19. Location

Number and Street

City and Zip Code

County

Do Not Write Below This Line; For Department Use Only

Attached: ☐ Recorded notice,
☐ Fiduciary papers,
☐

(OTHER)

COPIES MAILED

2-29-88

☐ Renewal: Fee of

Paid at

Office on

Receipt No.

1988 MAR -1 AM 9:38

ALICE M. REIMCHE
CITY CLERK
CITY OF LODI

COPY

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APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE(S)

1. TYPE(S) OF LICENSE(S)

FILE NO.

To: Department of Alcoholic Beverage Control
1901 Broadway
Sacramento, Calif. 95818 Stockton
(DISTRICT SERVING LOCATION)

The undersigned hereby applies for
licenses described as follows:

2. NAME(S) OF APPLICANT(S)

PICKETT, Michael Lee

PIERCE, Robert L.

ON SALE BEER AND WINE
EATING PLACE

Applied under Sec. 24044 ☐
Effective Date: Issuance

RECEIPT NO.

GEOGRAPHICAL
CODE 3902

issued

Temp. Permit

Effective Date:

3. TYPE(S) OF TRANSACTION(S)

FEE

LIC.
TYPE

ORIGINAL

\$ 300.00

41

Annual Fee

195.00

4. Name of Business

Archie's Giant Hamburgers

5. Location of Business—Number and Street

506 W. Lodi Ave.

City and Zip Code

Lodi 95240

County

San Joaquin

TOTAL

\$ 495.00

6. If Premises licensed,
Show Type of License7. Are Premises Inside
City Limits?

Yes

(Temp) (Perm)

8. Mailing Address (if different from 5)—Number and Street

Same

9. Have you ever been convicted of a felony?

No

10. Have you ever violated any of the provisions of the Alcoholic
Beverage Control Act or regulations of the Department per-
taining to the Act?

No

11. Explain a "YES" answer to items 9 or 10 on an attachment which shall be deemed part of this application.

12. Applicant agrees (a) any person employed in on-sale licensed premises will have the qualifications of a licensee, and
(b) that he will not violate or cause or permit to be violated any of the provisions of the Alcoholic Beverage Control Act.

13. STATE OF CALIFORNIA

County of San Joaquin

Date 2-24-88

Under penalty of perjury, each person whose signature appears below, certifies and says: (1) He is the applicant, or one of the applicants, or an executive officer of the applicant corporation, named in the foregoing application, duly authorized to make this application on its behalf; (2) that he has read the foregoing application and knows the contents thereof and that each and all of the statements therein made are true; (3) that no person other than the applicant or applicants has any direct or indirect interest in the applicant's or applicants' business to be conducted under the license(s) for which this application is made; (4) that the transfer application or proposed transfer is not made to satisfy the payment of a loan or to fulfill an agreement entered into more than ninety (90) days preceding the day on which the transfer application is filed with the Department or to gain or establish a preference to or for any creditor of transferor or to defraud or injure any creditor of transferor; (5) that the transfer application may be withdrawn by either the applicant or the licensee with no resulting liability to the Department.

14. APPLICANT
SIGN HERE

Michael J. Pickett

Robert Pierce

APPLICATION BY TRANSFEROR

15. STATE OF CALIFORNIA

County of _____ Date _____

Under penalty of perjury, each person whose signature appears below, certifies and says: (1) He is the licensee, or an executive officer of the corporate licensee, named in the foregoing transfer application, duly authorized to make this transfer application on its behalf; (2) that he hereby makes application to surrender all interest in the attached license(s) described below and to transfer same to the applicant and/or location indicated on the upper portion of this application form, if such transfer is approved by the Director; (3) that the transfer application or proposed transfer is not made to satisfy the payment of a loan or to fulfill an agreement entered into more than ninety days preceding the day on which the transfer application is filed with the Department or to gain or establish a preference to or for any creditor of transferor or to defraud or injure any creditor of transferor; (4) that the transfer application may be withdrawn by either the applicant or the licensee with no resulting liability to the Department.

16. Name(s) of Licensee(s)

17. Signature(s) of Licensee(s)

18. License Number(s)

19. Location

Number and Street

City and Zip Code

County

Do Not Write Below This Line; For Department Use Only

Attached: ☐ Recorder's notice,
☐ Fiduciary papers,
☐

(OTHER)

COPIES MAILED 2-24-88

☐ Renewal; Fee of _____ Paid at _____

Office on _____ Receipt No. _____

1988 FEB 25 PM 1:29

ALICE M. REINCHE
CITY CLERK
CITY OF LODI

COPY

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APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE(S)

To: Department of Alcoholic Beverage Control
1901 Broadway
Sacramento, Calif. 95818 Sacto. for Stockton
(DISTRICT SERVING LOCATION)

The undersigned hereby applies for
licenses described as follows:

2. NAME(S) OF APPLICANT(S)

SEQUERA, Debra D. & Edward D.

1. TYPE(S) OF LICENSE(S)

OFF SALE BEER & WINE

Applied under Sec. 24044 ☐

Effective Date: ISSU.

FILE NO.

RECEIPT NO.

390735

GEOGRAPHICAL

CODE XXXX 3902

Date

Issued 2-22-88

Temp. Permit

#54433

Effective Date: 3-1-88

3 TYPE(S) OF TRANSACTION(S)

FEE

**LIC.
TYPE**

Pers/pers

\$

50.00

4. Name of Business

ABCO AM/PM Mini-Market

5. Location of Business—Number and Street

501 W. Kettleman Lane

City and Zip Code

Lodi 95240

County

San Joaquin

TOTAL

\$

50.00

20

6. If Premises Licensed,

Show Type of license 20-113840

7. Are Premises Inside

City Limits?

YES

8. Mailing Address (if different from 5)—Number and Street

6940 Sierra Bonita Way, Sacramento 95831

Perm

9. Have you ever been convicted of a felony?

NO - Both

10. Have you ever violated any of the provisions of the Alcoholic Beverage Control Act or regulations of the Department pertaining to the Act?

NO - Both

11. Explain a "YES" answer to items 9 or 10 on an attachment which shall be deemed part of this application.

12. Applicant agrees (a) that any manager employed in on-sale licensed premises will have all the qualifications of a licensee, and (b) that he will not violate or cause or permit to be violated any of the provisions of the Alcoholic Beverage Control Act.

13. STATE OF CALIFORNIA

County of Sacramento

Date 2-22-88

Under penalty of perjury, each person whose signature appears below, certifies and says: (1) He is the applicant, or one of the applicants, or an executive officer of the applicant corporation, named in the foregoing application, duly authorized to make this application on its behalf; (2) that he has read the foregoing application and knows the contents thereof and that each and all of the statements therein made are true; (3) that no person other than the applicant or applicants has any direct or indirect interest in the applicant's or applicants' business to be conducted under the license(s) for which this application is made; (4) that the transfer application or proposed transfer is not made to satisfy the payment of a loan or to fulfill an agreement entered into more than ninety (90) days preceding the day on which the transfer application is filed with the Department or to gain or establish a preference to or for any creditor of transferor, or to defraud or injure any creditor of transferor; (5) that the transfer application may be withdrawn by either the applicant or the licensee with no resulting liability to the Department.

14. APPLICANT

SIGN HERE

[Signature]

x Debra D. Sequera

APPLICATION BY TRANSFEROR

15. STATE OF CALIFORNIA

County of Sacramento

Date 2-22-88

Under penalty of perjury, each person whose signature appears below, certifies and says: (1) He is the licensee, or an executive officer of the corporate licensee, named in the foregoing transfer application, duly authorized to make this transfer application on its behalf; (2) that he hereby makes application to surrender all interest in the attached license(s) described below, and to transfer same to the applicant and/or location indicated on the upper portion of this application form; (3) that the transfer application or proposed transfer is not made to satisfy the payment of a loan or to fulfill an agreement entered into more than ninety (90) days preceding the day on which the transfer application is filed with the Department or to gain or establish a preference to or for any creditor of transferor or to defraud or injure any creditor of transferor; (4) that the transfer application may be withdrawn by either the applicant or the licensee with no resulting liability to the Department.

16. Name(s) of Licensee(s)

17. Signature(s) of Licensee(s)

18. License Number(s)

PEESTIGE STATIONS, INC.

x To follow from Stockton District

20-113840

19. Location

Number and Street

City and Zip Code

County

Same #5

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Attached: ☐ Recorded notice,

☐ Fiduciary papers,

☒ 280

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SJM

☐ Renewal Fee of

Paid at

Office on

Receipt No.

RECEIVED

1988 FEB 25 PM 1:28

ALICE M. REIMCHE
CITY CLERK
CITY OF LODI

1001 W. Washington Ave.
Lodi, CA 95240
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209-461-1199
209-461-1200

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APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE(S)

To: Department of Alcoholic Beverage Control
1901 Broadway
Sacramento, Calif. 95818

(DISTRICT SERVING LOCATION)

The undersigned hereby applies for
licenser described as follows:

2. NAME(S) OF APPLICANT(S)

Donald W. LANSON

1. TYPE(S) OF LICENSE(S)

OFF SALE BEER & WINE

FILE NO.

RECEIPT NO.

GEOGRAPHICAL

CODE 3902

Issued

Temp. Permit

No. 53847

Effective Date: 3-7-88

Applied under Sec. 24044 ☐

Effective Date: When TRFD

3. TYPE(S) OF TRANSACTION(S)

Per to Per

FEE

\$ 50.00

LIC.
TYPE

20

4. Name of Business~~XXXXXXXXXX~~ Jack Pot Mini Market**5. Location of Business—Number and Street**

401 So. Cherokee Lane

City and Zip Code

Lodi 95240

County

San Joaquin

TOTAL

\$ 50.00

**6. If Premises Licensed,
Show Type of License**

20-208712

**7. Are Premises Inside
City Limits?**

Yes

8. Mailing Address (if different from 5)—Number and Street

Same

(Temp) (Perm)

PERM

9. Have you ever been convicted of a felony?

No

**10. Have you ever violated any of the provisions of the Alcoholic
Beverage Control Act or regulations of the Department per-
taining to the Act?**

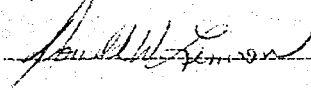
No

11. Explain a "YES" answer to items 9 or 10 on an attachment which shall be deemed part of this application.**12. Applicant agrees (a) that any manager employed in on-sale licensed premises will have all the qualifications of a licensee, and
(b) that he will not violate or cause or permit to be violated any of the provisions of the Alcoholic Beverage Control Act.****13. STATE OF CALIFORNIA**

County of San Joaquin

Date 3-2-88

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**14. APPLICANT
SIGN HERE****APPLICATION BY TRANSFEROR****15. STATE OF CALIFORNIA**

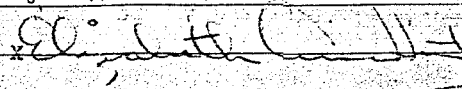
County of San Joaquin

Date 3-2-88

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16. Name(s) of Licensee(s)

EXCON INC

17. Signature(s) of Licensee(s)**18. License Number(s)**

20-208712

19. Location

Number and Street

City and Zip Code

County

EXCON INC 401 So. Cherokee Lane, Lodi 95240

San Joaquin

Do Not Write Below This Line; For Department Use OnlyAttached: ☐ Recorded notice,☐ Fiduciary papers,☒ 280

(OTHER)

COPIES MAILED

3-2-88

☐ Renewal Fee of

Paid at

Office on

Receipt No.

VERIFICATION OF INFORMATION

RECEIVED

TO THE HONORABLE CHIEF OF POLICE, CITY OF LOS ANGELES, FROM THE CHIEF OF POLICE, CITY OF LOS ANGELES, RE: [illegible]

RE: [illegible]

FOR THE PURPOSE OF THE VERIFICATION OF INFORMATION, THE CHIEF OF POLICE, CITY OF LOS ANGELES, HAS REQUESTED THAT THE CHIEF OF POLICE, CITY OF LOS ANGELES, BE ADVISED OF THE RESULTS OF THE VERIFICATION OF INFORMATION.

THE CHIEF OF POLICE, CITY OF LOS ANGELES, HAS ADVISED THAT THE RESULTS OF THE VERIFICATION OF INFORMATION ARE AS FOLLOWS:

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

RECEIVED
1988 MAR -4 AM 9:07
ALICE M. REIMCHE
CITY CLERK
CITY OF LOS ANGELES

COPY

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EXHIBIT D

#110

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APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE(S)

To: Department of Alcoholic Beverage Control
1901 Broadway
Sacramento, Calif. 95818

(DISTRICT SERVING LOCATION)

The undersigned hereby applies for
licenses described as follows:

2. NAME(S) OF APPLICANT(S)

Quik Stop Markets, Inc.

and Saran & Chander Kamboj

1. TYPE(S) OF LICENSE(S)Applied under Sec. 24044 ☐

Effective Date: Temporary

FILE NO.

RECEIPT NO.

GEOGRAPHICAL
CODE 3902Date
Issued

Temp. Permit

53850

Effective Date: 3-11-88

3. TYPE(S) OF TRANSACTION(S)

FEE

LIC.
TYPE

Person to Person

\$ 50.00

20

4. Name of Business

Quik Stop Market #110

5. Location of Business—Number and Street

1930 W. Holly Dr.

City and Zip Code
Lodi, Ca. 95240County
San Joaquin

TOTAL \$ 50.00

6. If Premises Licensed,

Show Type of License 20

7. Are Premises Inside

City Limits?

yes

(Temp) (Perm)

8. Mailing Address (if different from 5)—Number and Street

PO Box 5745, Fremont, Ca. 94537

9. Have you ever been convicted of a felony?

NO

10. Have you ever violated any of the provisions of the Alcoholic Beverage Control Act or regulations of the Department pertaining to the Act?

yes

11. Explain a "YES" answer to items 9 or 10 on an attachment which shall be deemed part of this application. Temporary

suspensions and fines of Class 20 and 21 licenses are on record.

12. Applicant agrees (a) that any manager employed in on-sale licensed premises will have all the qualifications of a licensee, and (b) that he will not violate or cause or permit to be violated any of the provisions of the Alcoholic Beverage Control Act.**13. STATE OF CALIFORNIA**

County of San Joaquin

Date 3-4-88

Under penalty of perjury, each person whose signature appears below, certifies and says: (1) He is the applicant, or one of the applicants, or an executive officer of the applicant corporation, named in the foregoing application, duly authorized to make this application on its behalf; (2) that he has read the foregoing application and knows the contents thereof and that each and all of the statements therein made are true; (3) that no person other than the applicant or applicants has any direct or indirect interest in the applicant's or applicants' business to be conducted under the license(s) for which this application is made; (4) that the transfer application or proposed transfer is not made to satisfy the payment of a loan or to fulfill an agreement entered into more than ninety (90) days preceding the day on which the transfer application is filed with the Department or to gain or establish a preference to or for any creditor of transferor or to defraud or injure any creditor of transferor; (5) that the transfer application may be withdrawn by either the applicant or the licensee with no resulting liability to the Department.

APPLICANT: Quik Stop Markets, Inc.

SIGN HERE BY: K. R. Boucher, Vice Pres.

Saran Kamboj
Chander Kamboj**APPLICATION BY TRANSFEROR****15. STATE OF CALIFORNIA**

County of San Joaquin

Date 3-4-88

Under penalty of perjury, each person whose signature appears below, certifies and says: (1) He is the licensee, or an executive officer of the corporate licensee, named in the foregoing transfer application, duly authorized to make this transfer application on its behalf; (2) that he hereby makes application to surrender all interest in the attached license(s) described below, and to transfer same to the applicant and/or location indicated on the upper portion of this application form, if such transfer is approved by the Director; (3) that the transfer application or proposed transfer is not made to satisfy the payment of a loan or to fulfill an agreement entered into more than ninety days preceding the day on which the transfer application is filed with the Department or to gain or establish a preference to or for any creditor of transferor or to defraud or injure any creditor of transferor; (4) that the transfer application may be withdrawn by either the applicant or the licensee with no resulting liability to the Department.

16. Name(s) of Licensee(s)**17. Signature(s) of Licensee(s)****18. License Number(s)**

Quik Stop Markets, Inc.

By: K. R. Boucher, Vice President

20-127097

Oscar Cano

Laura Cano

19. Location

1930 W. Holly Dr.

City and Zip Code

Lodi, Ca. 95240

County

San Joaquin

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Attached: ☒ Recorded notice.☐ Fiduciary papers.☒ 200

(OTHER)

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3-4-88

☐ Renewal: Fee of

Paid at

Office on

Receipt No.

1. NAME OF DEBTOR
2. ADDRESS OF DEBTOR
3. CITY AND STATE OF DEBTOR

4. NAME OF CREDITOR
5. ADDRESS OF CREDITOR
6. CITY AND STATE OF CREDITOR

7. DATE OF DEBT
8. AMOUNT OF DEBT
9. TYPE OF DEBT

10. DATE OF PAYMENT
11. AMOUNT OF PAYMENT
12. TYPE OF PAYMENT

13. NAME OF DEBTOR
14. ADDRESS OF DEBTOR
15. CITY AND STATE OF DEBTOR

16. NAME OF CREDITOR
17. ADDRESS OF CREDITOR
18. CITY AND STATE OF CREDITOR

19. DATE OF DEBT
20. AMOUNT OF DEBT
21. TYPE OF DEBT

22. DATE OF PAYMENT
23. AMOUNT OF PAYMENT
24. TYPE OF PAYMENT

25. NAME OF DEBTOR
26. ADDRESS OF DEBTOR
27. CITY AND STATE OF DEBTOR

28. NAME OF CREDITOR
29. ADDRESS OF CREDITOR
30. CITY AND STATE OF CREDITOR

31. DATE OF DEBT
32. AMOUNT OF DEBT
33. TYPE OF DEBT

34. DATE OF PAYMENT
35. AMOUNT OF PAYMENT
36. TYPE OF PAYMENT

37. NAME OF DEBTOR
38. ADDRESS OF DEBTOR
39. CITY AND STATE OF DEBTOR

40. NAME OF CREDITOR
41. ADDRESS OF CREDITOR
42. CITY AND STATE OF CREDITOR

43. DATE OF DEBT
44. AMOUNT OF DEBT
45. TYPE OF DEBT

46. DATE OF PAYMENT
47. AMOUNT OF PAYMENT
48. TYPE OF PAYMENT

49. NAME OF DEBTOR
50. ADDRESS OF DEBTOR
51. CITY AND STATE OF DEBTOR

52. NAME OF CREDITOR
53. ADDRESS OF CREDITOR
54. CITY AND STATE OF CREDITOR

55. DATE OF DEBT
56. AMOUNT OF DEBT
57. TYPE OF DEBT

58. DATE OF PAYMENT
59. AMOUNT OF PAYMENT
60. TYPE OF PAYMENT

61. NAME OF DEBTOR
62. ADDRESS OF DEBTOR
63. CITY AND STATE OF DEBTOR

64. NAME OF CREDITOR
65. ADDRESS OF CREDITOR
66. CITY AND STATE OF CREDITOR

67. DATE OF DEBT
68. AMOUNT OF DEBT
69. TYPE OF DEBT

70. DATE OF PAYMENT
71. AMOUNT OF PAYMENT
72. TYPE OF PAYMENT

RECEIVED
MAR - 7 AM 10 19
ALICE M. REINCH
CITY CLERK
CITY OF LOUISIANA